fune hours by the and 2 death. 24 c filled sempletely 2 certificate physician remove death attending t Then removal The law requires that permit. affending physician. has been signed by e burial-transit permi 9 certificate has burior use as the buri ō for DIRECTOR: After this 3 should be detached for ŏ page with t or,

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Cester Maryland Worcester MARYLAND b. CITY OR TOWN (il outsida corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) Ocean City 8 Yrs. Ocean City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS Pine St., Pine St., NAME OF First 4. DATE Middle Last Month DECEASED OF (Typa or print) MARTON BEDSWORTH DEATH JAMES 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last, birth day) Male White Dec. 5.1899 66 WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working lita, even if retired) Real Estate Marvland Retired Rentails 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida Davis Wade Bedsworth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyasgiye warordatas olservice) Mrs. J.M. Bedsworth. Same 18. CAUSE OF DEATH [Enter only one cause par lina for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave risa to Immediata cause **DUE TO** (a), stating the undarlying CERTIFICATION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) factory, street, office bldg., etc. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on.... 22a. SIGNATUR ATTENDING STAFF X O HOSPITAL death. Page 4 PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) D Clifford ector, filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY D ig 8 REMOVAL (Spacify) Wicomico Memorial Park Burial

Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I or Pert II of item 18.) (County) (State) 22b. DATE 3-1-1966 SIGNED 314 N. Main St., Berlin, Maryland 23d, LOCATION (City, town or county) (State) Salisbury, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hill Funeral Home Salisbury, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE ON A FARM?

YES NO DE

19 66

IF UNDER 24 HRS.

Year

Day

Months

28

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

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Pages 1 and 2 death 2

emove carbon papers. Pages 1 any event, within 72 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then place semove carbon papers. I should be filed with the State Dept. of Health prior to burial, cremation, or removal afters my event, within 72 hou

D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.

TO HOSPITAL

24 hours after death.

death certificate be executed within

MARYLAND STATE DEPARTMENT OF HEALTH

301 W PRESTON STREET BALTIMORE 1 MARYLAND DIVISION OF STATISTICAL DESEADOH AND DECODOS

	0305	9		CERTIF	FICAT	E OF DEATH		EI, DALIN	MOKE	(13()	46	
1.	PLACE OF DEATI	Н				2. USUAL RESIDENC	E (Where o	the state of the state of		on: Residence	before a	dmlssion)
		Orcester		MAI	RYLAND	a. STATE	rylan		YTNUC	Worce	cta	70
		N (if outside corpora and give nearest to	ite limits,	c. LENGTH OF ST		c. CITY OR TOWN (If			write Ri			
F	ural-Sn		WII)	50 year	°s	Ru-	ral-s	Snow H	11	2 3	_/	
	d. NAME OF HOS	SPITAL OR INSTITUTI	ON (If not in	n hospital, give street	address)	d. STREET ADDRESS		922011 22-	- ollo ollo	0	. IS RES	SIDENCE FARM?
	R.F.D. 1	•				R.	F.D.	1		Y	ES TE	NO 🗌
3.	NAME OF DECEASED	F	Irst	Middle		Last	4. DATI	E M	onth	Day	Ye	ar
	(Type or print)	GEORG	3	THOMAS	BON	NEVILLE	DEAT	TENT	ary	12		66
	SEX	6. COLOR OR RACE	7. MARRI	ED K NEVER MARR	IED   1	B. DATE OF BIRTH	1	9. AGE (In year last birthda	IF ON	IDER 1 YEAR	Hours	R 24 HRS.
	ale	White	WIDOW	ED DIVORO	CED 🔲 J	une 16,189		75 yrs		uis Days	Hours	1411111
du	I. USUAL OCCUPATING MOST OF WORK ATMET	ION (Give kind of work ing life, even if retire	done 10b	INDUSTRY Farming	OR	Accomack Virginia	Cour	te, or foreign county,	ntry) 1	2. CITIZEN COUNTRY	?	Г
13	. FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME					
W	Villiam	Bonnevil:	le			Mary	Simps	son				
(Y	. WAS DECEASED I	EVER IN U.S. ARMED F	of service)	16. SOCIAL SECURITY 12 15-38-221	0	orge T. Bo		Add	Jr.	Snow	_	1,
	18. CAUSE OF	DEATH [Enter only or		er line for (a), (b), and		OIGO I. D.	STITLE .	1 0	el A. a.		RVAL BE	TWEEN
		ATH WAS CAUSED BY	<b>/</b> :		the	cinomo	1	air	101	ONS	ET AND	DEATH
	163	IMMEDIATE CAUSE				01101110	7		7		17	ZN
	Conditions, If	any which \									V	
	gave rise to	Immediate	(b)									
	cause (a), si underlying caus				•							
NO	***************************************		ONS CONTR	IBUTING TO DEATH BU	TNOTRELA	TED TO THE TERMINAL D	ISFASE CO	NDITIONGIVEN	INPART	1(a)   19.	WAS AL	JTOPSY
CATI					THOT KED		10210200		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YES	PERFOR	
CERTIFICATION	OR CONTRIBUTE	WAS UNDERLYING TING CAUSE OF DEATIFY MEDICAL EXAM	TH NER)	. DESCRIBE HOW IN	JURY OCCU	RRED. (Enter nature of	Injury in	Part   or Part	II of Iter	n 18.)		
MEDICAL	20c. TIME OF Hour a.m		Wh	I. INJURY OCCURRED III Not While vork at work	20e. PLA facto	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f.	(City or town	)	(County)	(\$	State)

9

21. I certify that (I) (this hospital) attended the saw the deceased alive or 22a. SIGNATURE

deceased from 2 and that death occurred

City, Md

M, from the causes and on the date stated above. 22b. DATE SIGNED

PHYSICIAN'S NAME (Type)

ATTENDING PHYS. M.D. ADDRESS 22d.

STAFF PHYS.

BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. 23a. DATE THEREOF

NAME OF CEMETERY OR CREMATURY 23c.

23d. LOCATION (City, town or county)-Parksley

(State) y, Virginia REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

Parksl ADDRESS

Pocomoke

Cemetery | 25a. REC'D BY REGISTRAR DATE

MED. DIRECTOR

25b.

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Promise Snow TELL n gante trell - - Herr Stane n Territoria de la compansa de la comp strivity related vectors velocity page 40-5 - Ta And the state of t

tem 18&21 Film G374 Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CAL EXAMINER'S CERTIFICATE OF DEATH FOR S HEALTH DEPT USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH e. CDUNTY b. COUNTY a. STATE 00 MARYLAND s necessary, the funeral Department after death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY DR TOWN (If outside corporate limits, write RURAL end give gearest town) c. LENGTH OF STAY IN 1b 3110 e. IS RESIDENCE d. STREET ADDRES d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) ON A FARM? lay is 3 to t State YES NO Month Year 4. DATE NAME DE Middle Lest 3. DECEASED 1966 DEATH (Type or print) IFUNDER 24 HRS. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR SEX 8. death. If e Pages 1, vith form 6. CDLOR DR RACE NEVER MARRIEO 7. MARRIED last birthdey) Months Oavs Hours WIDOWED OIVDRCED 1 and event 12. CITIZEN DF WHAT 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR BIRTHELACE (State or foreign country) **GOUNTRY?** during most of working life, even if retired) INDUSTRY 24 hours after in Item 18. Giv Office along pages 1 in any 1 13. FATHER'S NAME in pencil in Item Examiner's Office File 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? Address 16. SDCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, EXAMINER: This certificate should be executed within a certificate, writing the word "pending" in pencil is nould be forwarded to the Chief Medical Examiner's NTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) DUE TD Pulmonary edema unknown Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating A S C vears 0 used as a to burial, underlying cause last. (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY ICATION PERFORMED? the certificate, writing the should be forwarded to the Epilepsy NO F YES OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) CERTIFI or or 2Da. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Pild CAUSE DF DEATH. 3 should agent, F (State) MEDICAL 2Dd. INJURY OCCURRED 2De. PLACE DF INJURY (Home, farm, 2Df. (City or town) (County) TIME DF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. While Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion DIRECTOR: Undetermined manner Suicide Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER execute the r. Page 4 s d for your 2 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER M.O. FUNERAL DI SIGNATUR OEPUTY MEDICAL please ex director. retained f **EXAMINER'S** city, town, or county) NAME (Type) NAME OF CEMETERY DR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. of 0 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME

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system of house in although the Manual State Sta biolistics and the substitute and The the state of t

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
Worcester MARYLAND	a. STATE Maryland b. COUNTY Wor	cester
b. CITY OR TOWN (If outside corporate limits. I c. LENGTH OF STAY IN 1h	c. CITY OR TOWN (If outside corporate limits, write RURAL	
Pocomoke City 5 years	Pocomoke City 2	2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
1013 Clarke Avenue	1013 Clarke Avenue	ON A FARM?
3. NAME OF First Middle	Last   4. DATE Month	Oay Year
DECEASED	GODWIN DEATH February	21 19 66
		YEAR IF UNDER 24 HRS.
7. MARKIED   METER MARKIED	1. 4 61 46 1. 3	Days Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRT HPLACE (County & State, or foreign country)   12. Cl	TIZEN OF WHAT
Housewife Industry	Accomack County, CO	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Ackbud Riggin	Betty Bevans	
	INFORMANT Address	
	s Annie Marshall, Pocomok	e City, Md.
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Ventricular As	systole	ONSET AND DEATH
4 200 DUE TO	3,50010	
Conditions, If any, which \ (a) Heart Block		Years
gave rise to immediate		
underlying cause last. (c) Arteriosclerot	cic Heart Disease	Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRI		YES NO
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRREO. (Enter nature of Injury in Part I or Part II of Item 18.)	
1 facto	CE OF INJURY (Home, farm, 20f. (City or town) (Courry, street, office bidg., etc.)	nty) (State)
B Hour a.m. p.m. 19   While   Not While   12cto		
21. I certify that (I) (this hospital) attended, the deceased from		_, that (I) (we) last
	death occurred at $645\mathrm{aM}$ , from the causes and on th	e date stated above.
22a. SIGNATURE		TE SIGNED
22c. PHYSICIAN'S MARCH M.D	. PHYS. X DIRECTOR PHYS.   F'eb.	22,1966.
NAME (Type)	22d. ADDRESS	
Charles W. Trader, M.D.		(04-4-)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL (Specify) 2-23-1966 Downing Co		
Q4. SUNJERAL DIRECTOR. / AOORESS	emetery   Oak Hall   1	/irginia
7/1 20 1/1 . W-	FED OF MARIE MIL.	Quedas
Steel H. Walson Pocomoke Cit	y, Ma J DATE - NO 1000	1-1

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## FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

permit, File-pages 1 and 2 with the State Department removal, and in any event within 72 hours after death TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03062 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 03049
	1. PLACE OF DEATH a. COUNTY , i	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Worcester MARYLAND	Maryland b. COUNTY Worcester
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town)
	Rural Berlin 2 years	Berlin Rural23-1
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	K, F, D.	YES NO
	3. NAME OF DECEASED FIRST Middle	Last 4. DATE Month Day Year
1	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	DEATH - 1966  B. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
1	14 I I I I I I I I I I I I I I I I I I I	A Second State of Sta
1	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	during most of working life, even if retired)   INDUSTRY	Trance Ma COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Fritz Lyons	Julia Merrick
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.   17.	INFORMANT Address
	(Yes, no, or unknown) (If yes give war or dates of service)	Irs. Betty Dayton Berlin Md.
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Subaract	noid Hemorkhage at ONSET AND DEATH
	330x DUE TO base of b	rain
	Conditions, If any, which (b)	
	cause (a), stating the DUE TO	
	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELY  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING COUNTRIBUTING COURSE OF DEATH.	PERFORMED? YES NO NO
1	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCC	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor work p.m. 19 at work at work	ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	ld an Autopsy X, inspection , Inquiry , and in my opinion
		icide , Homicide , Undetermined manner
	00'00 150 DA	CHIEF MEDICAL EXAMINER
	SIGNATURE CLASSICS CO. Sekal	_M.D. ASSISTANT MEDICAL EXAMINER
-	EXAMINER'S CLEAR F. Schott M	D Address (Street eith town or county) Por
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF, CEMETER	Y OR CREMATORY   23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)	ill Cemetery Trappe Md.
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Home H. Burbage Bullin Y	nd DATE B 23 1966 Ocharles Judge

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Day But 1 - Was P. F. Step 187 182 25 The Step 18 Control of the Ste  MADVIAND STATE DEDADTMENT OF HEALTH

	DIVISION 0306	N OF STATISTI	CAL RESI	CERTIF		301 W. PRI		STREET	, BALTIMO	RE 1, M	ARYLAN 305	D ()
1.	PLACE OF DEATH					2. USUAL RE		(Where dece	ased lived, If Ins		sidence befor	re admission
		orcester		MARY	LAND	a. STATE	Mar	yland	b. COUN	Wo	rcest	er
	b. CITY OR TOWN	N (if outside corporand give nearest to	ate limits,	c. LENGTH OF STA		c. CITY OR TO			rate limits, wri			
P	ocomoke	and give nearest to	Wn)	minute	c	Rural	- Pos	omole	C1+17		2 2	1
-	d. NAME OF HOS	PITAL OR INSTITUTE	ON (If not in	hospital, give street a		d. STREET AD		ощоме	CICA		l a is	RESIDENCE
4		rd Stree		, , , , , , , , , , , , , , , , , , , ,				D. 2				A FARM?
3.	NAME OF DECEASED	F	irst	Middle		Last		4. DATE	Month		Day	Year
	(Type or print)	JAME	S	GROVER	M	ADDOX		OF DEATH	Februa	rv	22	19 66
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIE		. DATE OF BIR	(TH	9.	AGE (In years )	IFUNDER 1		
10-	Male	White	· WIDOWE	DIVORCE	D M	arch 20		886	iast birthday) 79 yrs.		Days Hou	
dur	ing most of work	ION (Give kind of worl ng life, even if retir		KIND OF BUSINESS OF	3	WORCE !	ACE (Cour	inty & State, o	r foreign country	12. CIT	IZEN OF WI	TAH
	Farmer			Farming		Maryla	and	o o al	.03 9		.S.A.	
13.	FATHER'S NAMI	E				14. MOTHER'	S MAIDE	N NAME				
	Sylvest	er Maddo	x				1122	cm or m				
15.		VER INU.S. ARMED F		. SOCIAL SECURITY NO	).   17.	INFORMANT	uiir	known	Addres	S		
(Ye	s, no, or unkown)	(If yes give war or dates	of service)						110-3110			
	No			.8-05-851.		ss Hele	en M	addox	, Poco	moke	City	
				line for (a), (b), and (	c).]						INTERVAL	
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Co:	ronary Oc	clus	ion					Mini	ND DEATH 1tes
	420	DUE										
	Conditions, If a		(b) Ar	terioscle	roti	c Hear	t Di	Isease			Year	rs
	gave rise to	Immediate /										
	cause (a), sta	ating the	ТО									
Z			(c)	UTING TO DEATH BUT	OTRELA	TED TO THE TERM	AINAL DI	CEACECOND	TION CIVEN IN	DARTI(a)	119. WAS	AUTOPSY
Ĭ	(AKIII.OIIILKS	IGNITIONNI CONDITI	ONS CONTRIE	OTING TO BEATH BUTT	NOI RELA	IED IO INC IERN	MINALDIS	SEASE CONDI	LION GIAFM IM	PARTI(a)	PERI	FORMED?
5											YES	NO 🗌
	2Da, ACCIDENT OR CONTRIBUTION	WAS UNDERLYING [ NG [] CAUSE OF DE/ IFY MEDICAL EXAM	TH 2Db.	DESCRIBE HOW INJU	RY OCCUI	RRED. (Enter na	iture of l	njury in Par	t I or Part II of	f item 18.)		
ျိ												
EDICAL		NJURY Month, Day,			2De. PLAC	E OF INJURY (H y, street, office t	ome, farn	m, 2Df. (C	ity or town)	(Coun	ty)	(State)
	Hour a.m		at wo		140001	), 313 CC L, O III CO I	oldg., ctc	'-'				
				ded the deceased f		/23/54		, to	2/22/6		_, that (i	
		eased alive on	2/8/6	619, 8	and that	death occurre	ed at $14$	151M, from	n the causes			ted above
	22a. SIGNATUR	E //	1 1	1		4				22b. DA	TE SIGNED	
	1.0 × 10.4654	(marle	MI	mades	M.D.	ATTENDING PHYS.	DI DI	ED. RECTOR	STAFF PHYS.	2/2	3/66	
	22c. PHYSICIAI	m = 1				22d. ADDR				,	,	
-	NAME (Ty	Chari		Trader,				ket Si	t.,Pocc	moke	City	y,Md.
23a	BURIAL, CREMA	alful I	THEREOF	23c. NAME OF CI	EMETERY.	MR CELEVISION		23d. LOC	ATION (City, to	wn or cour	ty)	(State)
	Buyyigh	2-25	-1966	First	Bar	otist		Poco	moke C	ity.	Mary	vland
24.	FUNERAL DIREC	CTOR /	,	ADDRESS		25	a. REC'	D BY REGIST	RAR   25b. RE	GISTRAR'S	SIGNATUR	E
1	Achil &	H. UH K	an P	ocomoke	City	MA MA	HER 1	196	5 Mile	welen!	Judge	
1	Minni	1 VULIN	011		OT O	JILL I WA	181	100	V 1/1		1-1	

AI5 (4) A 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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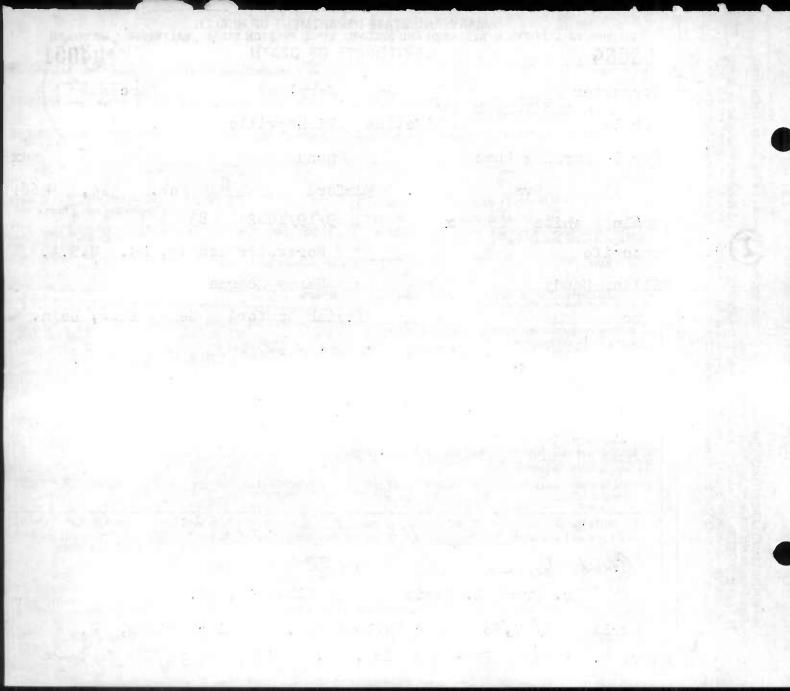
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	gaza, estanos A	. Cutos	endunin	V.F	
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			W. e Tumopod	hogy spile	August.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1)	02069			CERTIFI	CATI	E OF DEATI	1		1).	305	1
1.	PLACE DF DEAT a. CDUNTY	Н				2. USUAL RESIDEN	CE (Where decease	d lived, If Insti	tution: Resid	ience before	admission)
1	Worcest	er		MARYL	AND	Mary Land		b. COUNT	eest	er	
	b. CITY OR TOW	N (if outside corpo and give nearest t	rate limits,	c. LENGTH DE STAY		c. CITY OR TOWN (I	outside corpora				rest town)
	Berlin	and give nearest t	own)	Lifetim	0	Bishopvi			0 3	1	
-	d. NAME DE HD	SPITAL DR INSTITUT	TION (if not in he	ospital, give street ac	Idress)	d. STREET ADDRESS			1	e. IS R	ESIDENCE
	Berlin	Nursing	Homo			Mama				-	A FARM?
	NAME DF	Marsing	First	Middle		last	4. DATE	Month		YES L	NO X
	(Type or print)	Trace			N/T		DF DEATH		3.4		
5.	SEX	6. CDLOR OR RAC	E 7. MARRIED			ford. B. DATE OF BIRTH	Ι 9 Δ6	Feb.	LINDER 1 Y		9 66 DER 24 HRS
0		7	WIDOWED			9/19/188	la	st birthday) M	onths   Da		
10a	emale .USUALOCCUPAT	IDN (Give kind of wo	rk done I 10h K	IND OF BUSINESS OR		9/ 19/ 100   11. BIRT HPLACE (0		yrs.	12 CITIZ	EN OF WH	AT
dur	ing most of work	ing life, even If reți	red) In	NDUSTRY					COUN	TRY?	
	OUSEWII FATHER'S NAM				_	Worcest		ty, Mc	l. U	.S.A	•
W.	illiam	Handy EVER INU.S. ARMED	EDDOFES   16	SOCIAL SECURITY NO.	1 17	Nancy H	earne	Addison			
(Ye	s, no, or unkown)	(If yes give war or date	s of service)	SOCIAL SECURITY NO.				Address			
	no					aiah Mumf	ord S	elbyvi		Del	
				ne for (a), (b), and (c)	.1	121				NTERVAL E	DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chrone myocardita:						2 egel				
	443X DUE TO ( )						0				
	Cenditions, If gave rise to	.,	(b) Hej	percus	Non	L.					
	cause (a), s		IE TO	1 11-1	~						
2	Underlying cause last. (c) COLLING FOLLOW FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY]										
TIO	PART II. OTHER S	1 -1 -	1 . /				DISEASE CONDITI	ON GIVEN IN PA	RT1(a)		AUTOPSY DRMED?
FIG	Cen		trugge	- aprile	Ky	6 mis a	90.			YES 🗌	NO Z
CERTIFICATION	DR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ING CAUSE DE DE	ATH MINER)	DESCRIBE/HOW/INJUR	Y OOCU	RRED. (Enter nature o	f Injury In Part I	or Part II of I	tem 1B.)		
MEDICAL		INJURY Month, Day	, Year   20d. In	JURY OCCURRED   2		E OF INJURY (Home, f		or town)	(County	)	(State)
AEO I	Hour a.r	- Andrewson	9 White	Not While at work	ractor	y, street, office bldg., e	(tc.)				
				ed the deceased from	om /	951 1	9, to 2	-14	10 ( 4	that (I)	(we) last
		ceased alive on				death occurred at		he causes ar			
	22a. SIGNATUI		V		ra cirac	20411 20001104 442			22b. DATE		74 450101
	Trai	16 there	4)		M.D.			STAFF PHYS.			
	22c. PHYSICIA NAME (T)	IN'S				22d. ADDRESS					
	IVANE (1)	Dr. Fra	ink R.	Lewis		Willar	ds, Md.				
23a.		ATION, 23b. DATE	THEREOF	23c. NAME OF CEI	METERY	OR CREMATORY	23d. LOCAT	ION (City, tow	or county	) (	(State)
	Buria		7/66	Odd Fel	lows	s Cem.	Risho	pville	. Ma		
24.	FUNERAL DIRE			ADDRESS		25a. RE	C'D BY REGISTRA	R 25b. REG	STRAR'S S	IGNATURE	
H	enry H.	Watson	Poco	moke Cit;	y, 1	Md. DATE	1 6 196	6 gclu	arles	Judg	٩

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before edmission) . COUNTY b. COUNTY the d 2 MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) P an willa RURAL and give naarast lown) = Pages within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give treet eddress) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? YES NO completely papers. n 72 ho 3. NAME OF First Middle Last 4. DATE Month Dey Yeer DECEASED OF (Type or print) DEATH 19 6 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (in years LIF UNDER 1 YEAR IF UNDER 24 HRS. 3 last birthdey) Deys Months WIDOWED DIVORCED certificate physician 10a USUAL OCCUPATION (Give kind of work & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 6 0 done during most of working life, even if retired) Геш 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME 2 attending and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Uf yes ive wer or deles of service) (Yes, no, or unkown) the 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH P physici PART I. DEATH WAS CAUSED BY: 9 signed IMMEDIATE CAUSE (a) emation, burial-transit DUE TO ending been Conditions, if any, which gave rise to immediate cause 5 DUE TO (a), steting the underlying ceuse lest. the (c) PHYSICIAN: certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19, WAS AUTOPSY CERTIFICATION hospital as 0 PERFORMED? USB prior NO F 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Pert II of item 18.) for OR CONTRIBUTING IT CAUSE OF DEATH this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached After WEDICAL ATTENDING Month, Dey, Yeer 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (Stete) (County) fectory, street, office bldg., etc.) be retained Hour a.m. While Not While ö et work 19 et work DIRECTOR: Dept. 2 1962 21. I certify that (I) (this hospital) attended the deceased from State D M, from the causes and on the date stated above. saw the deceased alive and that death occurred at. may 228 SIGNATURE DATE ATTENDING 9 SIGNED 3 PHYS. DIRECTOR M.D. HOSPITAL FUNERAL page with th ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) filed ' 23a. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CREMATORY LOCA MION /{Stete} REMOVAL (Specify) 0 5 3 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** REGISTRAR'S. SIGNATURE VR A15 (4) 20M 5-63

THEFT

TD FUNERAL DIRECTOR. After this certificate has been signed by the attending physican the completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please the carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath. xecuted within 24 hours after death. TD HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	03066	CERTIFICATI	E OF DEATH		2025
1.	PLACE DF DEATH		2. USUAL RESIDENCE (When	e deceased lived, If Institution: Ro	esidence before admission)
	a. COUNTY	MARYLAND	a. STATE	b. COUNTY OVE	cester
-	b. CITY OR TOWN (if outside corporate limits,	c. LENCTH CF STAY IN 1b		corporate limits, write RURAL	
	write RURAL and give nearest town)	011 2:fo	Rodia	mariland	122-1
-,	d. NAME OF HOSPITAL OR INSTITUTION (IF not In I		d, STREET ADDRESS	promyrama	e. IS RESIDENCE
			P+ 4 3		ON A FARM?
3.	NAME DF FIrst	Middle /	Last 14. D	ATE Month	Day Year
٥.	DECEASED	Middle 4	DI	F SATH	1 11
5.	(Type or print)  SEX   6. COLOR DR RACE   7. MARRIED	W I W	B. DATE OF BIRTH	9. AGE (In years   IF UNDER :	1966 LYFAR UF UNDER 24 HRS.
1			1/21. 20 10		Days Hours Min.
10:	a USUAL OCCUPATION (Give Kind of work done   10b. )	DIVORCED //	11, BIRTHPLACE (County & S	State or foreign country)   12 CI	TIZEN OF WHAT
	Ing most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (County &	CO	UNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	er	11.2.4.
13	FATHER'S NAME	) (011	14. MOTHER'S MAIDEN NAM	JE.	
16	Nilliam 7	IrNei	HOGIE DE	20015	
	. WAS DECEASED EVER IN U.S. ARMED FDRCES?   16. es, no, or unkown)   (If yes give war or dates of service)	SOCIAL SECURITYNO. 17.	INFORMANT	Address	1
	- A	13-03-04/11	Marie Belle T	ranklin - Be	rlin MC.
	18. CAUSE OF DEATH [Enter only one cause per				ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ute myocardi	al infarction		10 min.
	4 20 DUE TO				
Н		ocardial Ins	ufficiency		2 mos.
	gave rise to immediate ( cause (a), stating the DUE TO				
	underlying cause last. (c)				
NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE	CONDITION CIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
CERTIFICATION	Bronchi	al Asthma			YES NO A
TIF	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury	In Part I or Part II of Item 18.	)
CE	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL		INJURY OCCURRED   200. PLA		Of. (City or town) (Cou	nty) (State)
MEDICAL	Hour a.m. While p.m. 19 at wor	Mot while [	ry, street, office bldg., etc.)	- 11 (202 Santa 52	
2	21. I certify that (I) (this chospital); attend		8/10/55 19	to 2/5/66 19	that (i) 36/20 last
	saw the deceased alive on 2/5/6		, <u> </u>	, from the causes and on th	
	22a. SIGNATURE	20 , 000 (1101	death occurred active		ATE SIGNED
	Juny 4. Ou	ely A M.D	ATTENDING MED.	OR PHYS.   2/8	3/66
	22c. PHYSICIAN'S		22d. ADDRESS		
	NAME (Type) Ivory U. Sul	ly, Jr., MD	P. O.Box	126, Berlin,	Md.
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY   23d	LOCATION (City, town or cou	inty) (State)
	Burel 3- 12-66	Every		Best md	
24	EUNERAL DIRECTOR	ADDRESS	25a. REC'D BY I	EGISTRAR 25b. REGISTRAR	S SIGNATURE
1	Loretta & Jalley- Jers	en Re Salis n	nd DAFEB 14	1966 Cliarle	en Judge

VR AI5 (4) 20M 1/65

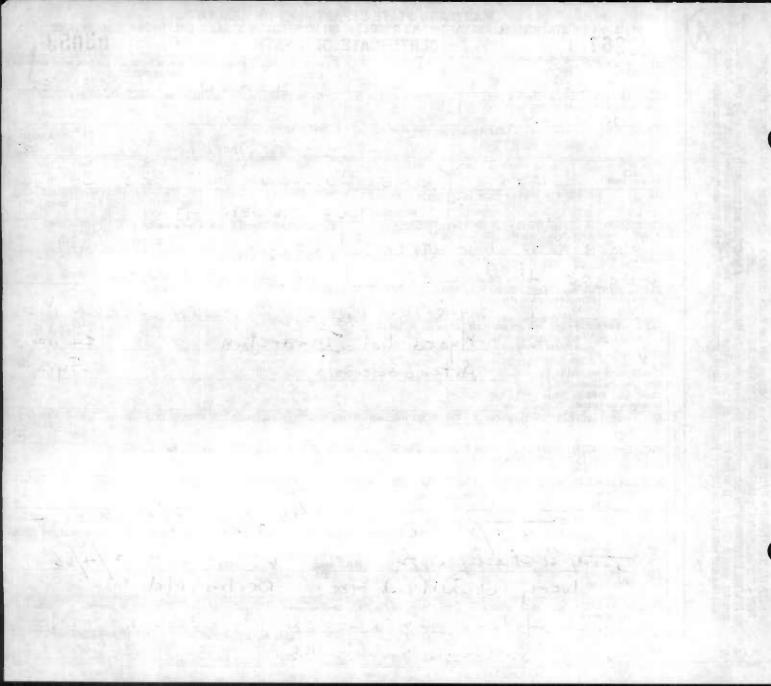
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> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03067 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
WORCE	STER MARYLANO	a. STATE b. COUNTY	STED
b. CITY OR TOWN (If or	utside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and gi		B = 0.101	22 _/
	OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
d. WAME OF HOOF TIME	on marrior on (it not in nospital, give street address)	d. STREET ADDRESS	ON A FARM?
		200 FRANKLING TVE	YES NOX
3. NAME OF DECEASED	First Middle	Last 4. DATE Month	Day Year
(Type or print)	LEVI BRIMER	LUILLEN DEATH FEB.	3 1966
5. SEX   6. CO	LOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER )	
M	WIDOWED T DIVORCED	SECT. 6 1888 77 vrs.	Days Hours Min.
10a. USUAL OCCUPATION (GI		1 11. BIRTHPLACE (County & State, or foreign country)   12. Cl	TIZEN OF WHAT
during most of working life	00 18.0	1 K. Maren	UNTRY?
13. FATHER'S NAME	K.K. I NAIL-NOAD	14. MDTHER'S MAIDEN NAME	12 111
C	- 11 2	Massasselvina	
U-E-ORG-L	U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	PARGAREI LYNCH	
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes		INFORMANT	11
NON	0 214-10-9668 M	RS. L. B. ZUILLEN DER	VIN PD
	[Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH W	AS CAUSED BY: EDIATE CAUSE (a) Myo Card (a)	Inforction	24 hours
4201	DUE TO .		-
Conditions, If any, w	A 11-	5515	Syrs
gave rise to immed	diate ( OUT 70		
cause (a), stating underlying cause last.	Life (		
	(CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE A	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
S TAKETH OTHER STORY	DATE CONDITIONS CONTRIBOTING TO DESTIN BOTHOT REEA	TED TO THE PERMITTED TO ENGLISH THE WATER THE PART AND A CONTRACT OF THE PERMITTED TO THE P	PERFORMED?
JE J			YES NO
PART II. OTHER SIGNIFI  20a. ACCIDENT WAS U  CONTRIBUTING CONTRIBUTION	NDERLYING   20b. OESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.	
	EOICAL EXAMINER)		
3 20c. TIME OF INJURY	facto	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
ZOC. TIME OF INJURY Hour a.m. p.m.	19 While Not While at work	, , , sa cou, o mos bag, cou,	
	(I) (this hospital) attended the deceased from	11/19 1963 to 7/1 196	5 that (I) (we) last
saw the deceased		t death occurred at the from the causes and on the	
22a. SIGNATURE	ally on 1300, and that	22b. DA	ATE SIGNED
tun	Golfely . fr.	ATTENDING MED. STAFF	4/66
22c. PHYSICIAN'S	M.D. M.D	D. PHYS. DIRECTOR PHYS.	1780
NAME (Type)	vory U. SULY Jr. M	(30=1	
23a. BURIAL, CREMATION.	1 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 1 23d. LOCATION (City, town or cou	nty) (State)
REMOVAL (Specify)	7/5/1/ 5/500	REAL	MID
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
Anna 6	R Busta Bosti	MITTOR MOOD BELLEVE	Judge
1477760	is wire provide	Toate 1 1966 frances	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03068
CERTIFICATE OF DEATH
03054

1) PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Worcester MARYLAND	a. STATE D. COUNTY JOSEPH
b. CITY OR TOWN (if outside corporate limits, virte RURAL and give hearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Kyral - Locomoke.	Ruxal Pagamate City
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS   0. IS RESIDENCE
Rural- Pocomoke	Route 3
3. NAME DF First / Middle	Last / 4. DATE Month Day Year
DECEASED (Type or print)	Staton DEATH Feb. 12 1966
E SEY TO AN EN A SUCCESSION OF THE SECOND OF	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male Nearo WIDOWED & DIVORGED	Sont 6 1971 Casy (rthday) Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done   10b KIND DE RUSINESS OR	111 BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Toronh Stolon	Dasa Dasa
15. WAS DECEASED EVER NU.S. ARMED FDRCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address Address
(Yes, no, or unkown) (If yes give war or dates of service)	SLI O La D MI
NO -	oseph Staton Koutes rocomokeria,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CARDIAC AR	REST
DUE TO	
Conditions, If any, which gave rise to immediate (b) GEN. ART.	SCIERUSIS 25 YRS.
cause (a), stating the DUE TO	
underlying cause last. (c)	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
200 ACCIDENT WAS HARPED VIAO ET LOOP DESCRIPT HOW INVENTOR CO.	YES ND
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  202. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	2/14, 1862, to 2/12, 1966, that (1) (we) last
	death occurred at AM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED 27/4/66
22c. PHYSICIAN'S Welle a. Seren M.D.	
NAME (Type) A/EN //EA R	22d. ADDRESS
23a BURIAL, CREMATION, 23b, DATE THEREOF   23c, NAME OF CEMETERY	1 OCOMOTE, MD
23a BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
24. ENNERAL DIRECTOR ADDRESS	1 25a, REC'D BY REGISTRAR   25b, REGISTRAR'S SIGNATURE
Marie 11 1 No the	
summer fang Dew Mil	1 Child othe B 21 1956   Marles Judge

VR AI5 (4) 20M 1/65

PW CARDLE ACTUAL WELLSHE A CARRY Surior 2-17-66 Delega c - Section de la lateración de lateración de la lateración de la lateración de la lateración de The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03069
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE Maryland b. COUNTY Son	nerset					
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)					
write RURAL and give nearest town) Pocomoke City 5 months	Crisfield	19-2					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
Hartley Hall Nursing Home	257 Somerset Ave.	YES NO					
3. NAME DF First Middle DECEASED (Type or print) NORA A.	WARD 4. DATE Month DEFATH February	20, 19 66					
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER)   Months	YEAR IF UNDER 24 HRS. Days Hours Min.					
Female White WIDOWED DIVORCED	Feb. 5, 1877 89 yrs. Months	Days Hours Min.					
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired)  Housewife  None	Crisfield, Maryland US	TIZEN OF WHAT UNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
John Evans	Florence Sterling						
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	. INFORMANT Address						
(Yes, no, or unkown) (If yes give war or dates of service) No None Mg	rs. Sarah Bradshaw, Marion, Md.	RFD					
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: Cerebral Hemor	rhage	3 days					
33/X DUE TO							
conditions, If any, which \ (b) Cerebral Arter	iosclerosis	Years					
gave rise to immediate							
cause (a), stating the underlying cause last. (c)							
	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?					
Atherosclerotic Heart Disease		YES NO P					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI  Atherosclerotic Heart Disease  2Da. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH ATHEROSCIENT OF THE PROPERTY OF THE PARTY OF	CURRED. (Enter nature of injury in Part 1 or Part II of Item 18.	)					
20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Coutory, street, office bldg., etc.)	inty) (State)					
ZOC. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PI   Hour a.m.   While   Not While   at work   at work	tory, street, omcobings, etc./						
21 I certify that (I) (this hospital) attended the deceased from Sept. 1. 19 65 to Feb. 20 , 19 66, that (I) (we) last							
saw the deceased alive on Feb. 20, 1966, and th	at death occurred at 2350M, from the causes and on the	he date stated above.					
22a. SIGNATURE harlest Trader Web M.D. ATTENDING MED. STAFF 22b. DATE SIGNED JEET, 22, 1966.							
22c. PHYSICIAN'S NAME (Type) Charles W. Trader, M. D.	Pocomoke City, Maryland						
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETE	RY OR CREMATORY   23d. LOCATION (City, town or cou	unty) (State)					
Burial Feb. 22, 1966 Crisfield/C	emetery Crisfield, Maryla	and					
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE					
Bradshaw & Sons, Crisfield, Maryland	DATEEB 28 1966 goliane	es Judge					

5 (4) 1/65 VR A15 20M 1,

DIESKELD. SET Logarited TES .harfym, miglala Charles of will want to make Restrict of the land of the state of the sta merial " Two. 25, 1956 intertals, message intertals, Apryland

paralysis of the colorest barriers bearing and a wadalows

## FOR STATE HEALTH DEPT

Items 20a-20e Film

MEDICAL

funeral may be State Department hours after death. EXAMINER: This certificate should be executed within 24 hours after death. If any delay be certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page the 72 2 with within File pand 60 Page 4 should for your files. DIRECTOR: O DEPUTY MED director. retained

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY vorceste MARYLANO b. CITY OR TOWN (If outside corporate limits. OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO. NAME OF DATE First Middle Month Day Year Last DECEASED OF DEATH (Type or print) 19 66 5. SEX 6. COLOR OR'RACE AGE (In years | IF UNOER 1 YEAR | FUNOER 24 HRS NEVER MARRIEO 8. OATE OF BIRTH 9. 7. MARRIED last birthday) Months | Days WIDOWED 1 and event 4 Oa. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (Steta or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY DOICESTEV any 6011 pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 03 Address 11 giv Drive (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, Noia Williams 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) cremation, **DUE TO** Conditions, If any, which (b). geve rise to immediate DUE TO cause (e), stating the used as a to burial, underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY CERTIFICATION 19. PERFORMEO? COHOLISM YES NO I 3 should be agent, prior 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Fell into river MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) e.m. Not While Md. CTOR: Page designated /6619 Pocomoke River Snow Wor. at work at work Inspection X, 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inquiry Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER Its ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE OL OF FUNERAL C OEPUTY MEDICAL EXAMINER **EXAMINER'S** Snow Hill Md city, town, or county) Mar 104 Bay St Robert La NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) DIJOUJH Disria 25b. RÉGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR AOORESS 25a. REC'D BY REGISTRAR VR ALSME (5) Oll 1/65

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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DEFERING